BLOOD AND BLOOD SERVICES BID SCHEDULE

ESTIMATED AMOUNTS – FOR IDIQ REQUIREMENTS CONTRACT

CORE PRODUCTS			
Product	Est qty	Per per each	Total
Leukoreduced Red Blood Cells (Prestorage)	3000	'	
Autologous Red Blood Cells (Prestorage Leukoreduced)	2		
Autologous Red Blood Cells – Collected by Apheresis (2 unit Prestorage	1		
Leukoreduced)			
Cryoprecipitate – Whole Blood Derived (from 200 mL plasma)			
Pooled Cryoprecipitate – (5) Whole Blood Derived)	80		
Pooled Cryoprecipitate – (10) Whole Blood Derived	1		
White Blood Cells – Collected by Apheresis	1		
Leukoreduced Platelets – Collected by Apheresis (Full Dose > or = 3.0 x	700		
10(11)			
Leukoreduced Platelets – Collected by Apheresis (Partial Dose – 1.5 to	25		
2.9 x10(11)			
AFFP (250 +- 25 mL) x 2 Apheresis Derived	1		
AFFP (250 +/-25 mL) x 1 Apheresis Derived	1		
AFFP (100 +/- 10 mL) x1 Apheresis Derived	1		
FFP-WBD 1 x 250 mL (250 +/- 25 mL) Whole Blood Derived	1		
FP-24(Frozen <24 hrs) WBD 1 x 250 mL (250 +/2 25 mL) Whole Blood	1200		
Derived			
Cryo Poor Plasma 1 x 250 mL (250 +/0 25 mL) Whole Blood Derived	100		
BLOOD PRODUCT FEES			
Red Blood Cells – Washing Fee	1		
Red Blood Cells – Freezing and Deglycerolization Fee (Allogeneic &	1		
Autologous)			
CMV Negative Blood Product	10		
Volume Reduction Fee	1		
Platelet Washing Fee (plus plasma)	1		
Platelet Washing Fee (plus plasma-lyte A)	1		
Hematocrit Adjustment	1		
STAT Component Modification Fee	1		
Plasma Thawing – Per Product	75		
Medically Directed Donor Processing Fee	1		
Irradiation Procedure Fee	250		
Autologous Donor Handling Fee	2		
MEDICAL PROCEDURES			
Therapeutic Cytapheresis	1		
Therapeutic Plasma Exchange	50		
Therapeutic Procedure – Service Fee Wait Time (per hour)	4		
Therapeutic Procedure Call Out Fee (Nights & Weekends) (Same day	30		
procedures ordered after 2:00 p.m.)			

Red Blood Cell Exchange	1	
Red Blood Cell Depletion	1	
Photopheresis	4	
UVADEX (Methoxsalen) Sterile Solution, 20 mcg/mL	1	
Peripheral Blood Progenitor Cells – Collected by Apheresis	1	
Blood Warmer Usage	50	
•	+	
Component Administration Fee (per Unit)	50	
Cancelled Procedures – Plasma Exchange Disposable Software	1	
Recovery Fee Cancelled Procedures – Photopheresis Disposable Software Recover y	1	
Fee	1	
STAT Equipment Relocation Fee	1	
Equipment Relocation Fee	1	
	+	
Cancellation of Procedure (after staff arrives at facility)	1	
CD 34 Enumeration	1	
Progenitor Cells Processing and Storage Cryopreservation, Storage in	1	
LN2, Bacteriological Cultures, CBC, CD34 counts, Delivery and Thawing		
STAT Test Charge (per test) Processing Laboratory. Number of tests	1	
completed x fee		
Donor Prescreen	1	
ABO-Rh	1	
Direct Antiglobulin Test (Coombs Test) – Comprehensive (Poly, IgG, C3)	5	
Direct Antiglobulin Test (Coombs Test) – single	1	
Antibody Screen	12	
Antibody Identification (includes ABO/Rh, Antibody screen , complete	12	
red cell antigen phenotype, comprehensive DAT, red cell panel, written		
consultation report, medical consultation as needed).		
Cold Agglutinin Low Temperature Screen (22C, 18C, 4C)	1	
Antibody Elution and Red Cell Panel	6	
Antibody Absorption and Red Cell Panel	6	
Additional Red Cell Antibody Panel	12	
Antibody Titer (per antibody)	2	
Antibody Titer and Red Cell Panel	6	
After-Hours Tech Call Fee: Surcharge per patient request	6	
C Antigen Type	6	
E Antigen Type	6	
c Antigen Type	6	
E Antigen Type	6	
Cw Antigen Type	6	
M Antigen Type	6	
N Antigen Type	6	
S Antigen Type	6	
s Antigen Type	6	
K Antigen Type	6	
k Antigen Type	6	
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Fya Antigen Type JRA Antigen Type JRA Antigen Type JRA Antigen Type 4 JRA Antigen Type 4 Lea Antigen Type Lea Antigen Type Leb Antigen Type Leb Antigen Type 4 P1 Antigen Type 4 P1 Antigen Type 2 Al Type - Lectin A2 Type Partial D Weak D testing Rare Antisera - Ag Types require rare antisera Compatibility Test (Allogeneic) per unit – Immediate Spin Autologous Compatibility (ABO/Rh per unit) Compatibility Test (Allogeneic) per Unit – Full Crossmatch (AHG) Pretreatment of Serum (eg. DTT, Rest, Plasma Neutralization, Urine inhibition, Lewis Neutralization, P1 Neutralization, P1 Neutralization, Unine inhibition, Lewis Neutralization, P1 Neutralization,	T	1 _			
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for a specific set of antigens. Add additional fee per unit. Platelet Antibody Screen – Indirect Platelet Antibody Screen – Direct Platelet Antibodies – Crossmatch (per strip) Technologist Written Consultation Report Medical Written Consultation Report – Serological Problem DISPOSABLE Y-Type Blood/Solution Set Blood Component Recip Set 0.9% NaCl, 500 mL 2 DISPOSABLE	dispatched				
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Technologist Written Consultation Report 6 Medical Written Consultation Report – Serological Problem 6 DISPOSABLE Y-Type Blood/Solution Set 25 Blood Component Recip Set 25 0.9% NaCl, 500 mL 25	Platelet Antibody Screen – Direct	2			
Medical Written Consultation Report – Serological Problem DISPOSABLE Y-Type Blood/Solution Set Blood Component Recip Set 0.9% NaCl, 500 mL 6 25 0.9% NaCl, 500 mL	Platelet Antibodies – Crossmatch (per strip)	2			
Type Blood/Solution Set Slood Component Recip Set 0.9% NaCl, 500 mL DISPOSABLE 25 25 25 25 25 25 25 25 25 2	Technologist Written Consultation Report	6			
Type Blood/Solution Set Slood Component Recip Set 0.9% NaCl, 500 mL DISPOSABLE 25 25 25 25 0.9% NaCl, 500 mL	Medical Written Consultation Report – Serological Problem	6			
Blood Component Recip Set 25 0.9% NaCl, 500 mL 25					
Blood Component Recip Set 25 0.9% NaCl, 500 mL 25	Y-Type Blood/Solution Set	25			
	Blood Component Recip Set	25			
TOTAL	0.9% NaCl, 500 mL	25			
			TOTAL		